## PART B - FEE(S) TRANSMITTAL

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Vista IP Law ( 2040 MAIN ST IRVINE, CA 92	REET, 9TH FLOOF	· ·	1 he Stat addi tran	Certificate of Mailing or Transmission  I hereby certify that this Fee() Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Sup ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.		
				locelyn L. Lee		(Depositor's name)
			7	(Signature)		
				9146108		(Date)
APPLICATION*NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/660,822 09/12/2003			Huy Phan		03-035 (US01)	7042
		ATHETER STABILIZE			I	- Laurence
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE		
nonprovisional	NO	\$1440	\$300	\$0 1	\$1740	09/16/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	l		
GIBSON, ROY DEAN		3739	606-041000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 recistered patent attorneys			
Change of corresp Address form PTO/S	ondence address (or Cha B/122) attached.	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Tiere Address" indication (or "Fee Address" Indication form PTOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a memble a 2- registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
			THE PATENT (print or ty)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
BOSTON SCIENTIFIC SCIMED, INC.			Maple Grove, MN			
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖇 Corporation or other private group entity 🗀 Government						
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	se first reapply any	previously paid issue fee	shown above)
S Issue Fee			☐ A check is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).			
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interest as shown by the	records of the United St	uired) Will not be accepte ites Patent and Trademar	d from anyone other than t Office.	he applicant; a regist	ered attorney or agent; or i	he assignee or other party in
Authorized Signature			Date			
Typed or printed name Michael J. Bolan			Registration No. 42339			
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